STATE OF MARYLAND—CERTIFICATE OF DEATH

02223

1. PLACE OF DEATH

County Queen Anne Registration Dist. No. 252

Village or City Centreville R.F.D. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby (Wilkins) Bailey If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 25, 1940

7. AGE Years Months Days If LESS than 1 day, 11 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Centreville R.F.D. Md.

FATHER

13. NAME Joshua Wilkins

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Dorothy Bailey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mother Centreville

18. BURIAL, CREMATION, OR REMOVAL

Place Burial Date Feb. 25, 1940

19. UNDERTAKER (Address) Family

20. FILED Feb. 26, 1940 Mamie S. Bright Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. (Month) 25 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h elive on , 19 ; death is said to have occurred on the date stated above, at 2 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

6 months Gestation Prematurity

Date of onset

Other Contributory Causes of Importance: Congenital Lues

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Tallman M.D.

(Address) Centreville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED MAR 6 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02224

Reg. Dist. No. 250

1. PLACE OF DEATH:

County: Queen Anne's

City or town: Mt. Millington
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: — County: —

City or town: — Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: James V. Baxter

3. (b) Social Security Number: NONE

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Julia A. Baxter

6(c) If alive, give age: 90 years

7. Birth date of deceased (mo., day, yr.): July 30 1840

8. AGE: Years: 93 Months: 6 Days: 18 If less than one day: ___ hrs. ___ min.

9. Birthplace: Near Barclay
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: Samuel Baxter
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Sarah Mason
15. Birthplace: Maryland.

16. Informant: Norman Baxter (a son)

Address: Millington R.F.D. 3

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 22-1940 (month) (day) (year)

Cemetery or crematory: Sudlersville Cem.

Location: Sudlersville, Md.

18. Funeral director: Ralph H. Hazilton Inc. By J. Willis Wells

Address: Chestertown, Md.

19. 2/19 1940 (Date rec'd by registrar) C. W. Anderson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 18th 1940, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 8th 1940, to Feb. 18th 1940, and that I last saw h[illegible] alive on Feb. 18th 1940.

Immediate cause of death: Influenza

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: G. L. Copeland M. D. or other

Address: Millington Date signed: Feb. 18th 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

02225

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-B)

CERTIFICATE OF DEATH

Reg. Dist. No. 25V

1. PLACE OF DEATH:

County Queen Anne

City or town Rural - near Millington
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Queen Anne

City or town (Near) Millington Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Julia A. Baxter

3. (b) Social Security Number None

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife James Vincent Baxter Deceased - one week before

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-2-1853

8. AGE: Years 86 Months 9 Days 23 If less than one day — hrs. — min.

9. Birthplace Queen Anne County
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Nathaniel Satterfield
13. Birthplace Queen Anne County

MOTHER
14. Maiden name Katherine Coleman
15. Birthplace Queen Anne County

16. Informant Norman & Edward Baxter Sons
Address Millington, Md.

17. Burial
(Burial, cremation, or removal. Which?) Date thereof 2-28-40 (month) (day) (year)

Cemetery or crematory Sudlersville Md

Location Sudlersville Maryland

18. Funeral director Ralph H Wilton, Inc
Address By J. Willis Wells Cheatertown Md.

19. 2/27 1940 (Date rec'd by registrar) C. W. Anderson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 25 1940, at 1 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 20 1940, to Feb. 25 1940, and that I last saw her alive on Feb. 25 1940.

Immediate cause of death	DURATION
Broncho-Pneumonia	8 days
Due to Chr. Interstitial Nephritis	1930
Chr. Myocarditis	1935
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Merritt Brice M. D. or other

Address Millington Md Date signed 2/26/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (186a)

02226

CERTIFICATE OF DEATH

Reg. Dist. No. 2 50

1. PLACE OF DEATH:
County Queen Ann
City or town Sudlersville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 4 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Queen Ann
City or town Sudlersville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elinore C. Buller
3. (b) Social Security Number

4. Sex Female
5. Color or race W
6. (a) Single, married, widowed, or divorced widowed
6 (b) Name of husband or wife James E. Buller
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 8, 1850
8. AGE: Years 89 Months 7 Days 28 If less than one day hrs. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Housework
11. Industry or business ✓
FATHER 12. Name William H. Willis
13. Birthplace Queen Ann Co. Md.
MOTHER 14. Maiden name Mary E. Price
15. Birthplace Queen Ann Co. Md.
16. Informant William E. Buller
Address Sudlersville Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/10/1940 (month) (day) (year)
Cemetery or crematory Chesterfield
Location Centreville Md.
18. Funeral director Raymond B. Rawlings
Address Greensboro Md.
19. 2/7 1940 (Date rec'd by registrar) C. W. Anderson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6 1940, at 9:30 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 4 1939 to Feb 6 1940 and that I last saw her alive on June 20 1940
Immediate cause of death Acute Cardiac Dilatation
Due to Fracture of neck of femur
Due to Senility
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

DURATION
1 yr

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Fracture of neck of femur Date of 2/4/39
Where did injury occur? Sudlersville (City or town) Qa (County) Md (State)
Injured at home, farm, industry, public place (where?) At home
Means of injury Fall Injured at work?

23. SIGNATURE C. H. Mitchell M. D. or other
Address Sudlersville Md Date signed 2/7/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1948
BUREAU V. S.

02227

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (93d)

County Queen Anne Registration Dist. No. 254

Village or City Queenstown Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Nora Ellen Dalby If U. S. Veteran, specify WAR

(a) Residence: No. Queenstown, Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~ (write the word): Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of: Stonewall Jackson Dalby

6. DATE OF BIRTH (month, day, and year): June 11th 1867

7. AGE: Years 72 Months 8 Days 28 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year): Sept 1, 1939

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Burnsville Md

FATHER

13. NAME: Jewell Carroll

14. BIRTHPLACE (city or town) (State or country): Burnsville Md

MOTHER

15. MAIDEN NAME: Sarah Hastings

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Nora Ross Queenstown Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Chesterfield Cemetery Date: Feb 11, 1940

19. UNDERTAKER (Address): C. W. Adams Federalsburg, Md.

20. FILED Feb. 9, 1940 - Helen M. Aldridge for Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 9th (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1939, to Feb 9, 1940

I last saw her alive on Feb 8, 1940, death is said to have occurred on the date stated above, at 12:45 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	
Other Contributory Causes of Importance:	
Bronchiectasis	1920

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Samuel Price M. D.

(Address) Queenstown

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
AUG 5 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

02228

1. PLACE OF DEATH (940)

County Queen Anne Registration Dist. No. 252

Village or City Centreville Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 44 yrs. - mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME (Lee) Edward Downs If U. S. Veteran, specify WAR

(a) Residence: No. Centreville Md St., Ward. S. S. number - None

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, and year): 1896

7. AGE: Years 44 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Farm

10. Date deceased last worked at this occupation (month and year): Feb 8

11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Queen Anne Md

FATHER

13. NAME: Benjamin Downs

14. BIRTHPLACE (city or town) (State or country): Queen Anne Md

MOTHER

15. MAIDEN NAME: Mary Fairwell

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): Clarence Beatty Centreville, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Barrenville Md Date Feb 12, 1940

19. UNDERTAKER (Address): Arnold W. Ed Kins Centreville

20. FILED Feb. 12, 1940 Mamie S. Bright Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 10 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1940, to Feb 10, 1940

I last saw him alive on Feb 10, 1940; death is said to have occurred on the date stated above, at 9 20 pm.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2 hrs
Arteriosclerosis	Unknown

Other Contributory Causes of Importance:

None

Name of operation: No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. A. Leighton M. D.

(Address) Centreville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAR 15 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

02229

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (167)

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:
County Queen Anne
City or town Church Hill
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ✓
Stay in hospital or inst. (yrs., or mos., or days) ✓
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Queen Anne
City or town Church Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ✓
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thomas Fenwick

3. (b) Social Security Number ✓

4. Sex Male
5. Color or race Colored
6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife ✓
✓ 6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Dec. 22 1923

8. AGE: Years 16 Months 1 Days 18 If less than one day ___ hrs. ___ min.

9. Birthplace Church Hill, Queen Anne, Md.
(Town, county, and state)
10. Usual occupation Helper on trucks
11. Industry or business
FATHER 12. Name Thomas R. Fenwick
13. Birthplace Maryland
MOTHER 14. Maiden name Abbie Vilghman
15. Birthplace Maryland
16. Informant Thomas R. Fenwick
Address Church Hill

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 22 1940 (month) (day) (year)
Cemetery or crematory Union Cemetery
Location Church Hill
16. Funeral director Wm. H. Good
Address Church Hill

19. Feb. 20 1940 (Date rec'd by registrar) W. H. Good Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18 1940, at 12 30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19__, to ___ 19__, and that I last saw h___ alive on ___ 19__.

Immediate cause of death Haemorrhage
Due to Punctured wound left thigh - Puncturing
Due to left femoral artery.
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Homicide Date of 2/18/40
Where did injury occur? Church Hill (City or town) Q.A. (County) Md. (State)
Injured at home, farm, industry, public place (where?) Sunshine Bar Parlor
Means of injury Knife Injured at work? No

23. SIGNATURE Tommy Price MD Deputy Md Md
M. D. or other
Address Queenstown Date signed 2/19/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

02230

Reg. Diat. No. 254

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Queen Anne's.
City or town Grasonville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Entire Life

2. USUAL RESIDENCE (HOME) OF DECEASED
(For newborn infants give residence of mother)
State Maryland County Q. A.
City or town Grasonville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph Lane Findley

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	W.	married

6 (b) Name of husband or wife Emma Findley
6(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Dec 25 1860

8. AGE:

Years	Months	Days	If less than one day
79	1	24	hrs. min.

9. Birthplace Church Hill Md.
(Town, county, and state)
10. Usual occupation Retired Physician
11. Industry or business

FATHER
12. Name Woodington Findley
13. Birthplace Centreville Md.

MOTHER
14. Maiden name Unknown
15. Birthplace "

16. Informant Mrs Pierson
Address Grasonville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 21 1940 (month) (day) (year)
Cemetery or crematory Church Hill
Location Church Hill Md.

18. Funeral director W. H. Hood
Address Church Hill Md.

19. Feb. 18 – 1940 (Date rec'd by registrar) Helen M. Aldridge Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1940, at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
Cardiac Asthenia	
Due to	
Due to	
Other conditions Arterio Sclerosis Atony of bladder. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. Chas E. Boyle. M. D. or other
Address Stevensville Date signed 7/18/40

RECEIVED
MAR 5 1940
BUREAU V. S.

02231

STATE OF MARYLAND—CERTIFICATE OF DEATH

293

1. PLACE OF DEATH

County ~~Talbot~~ Queen Anne Registration Dist. No. Chapel

Village or City Queen Anne No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME ~~Harry~~ Henry Clinton Flowers If U.S. Veteran, specify WAR none

(a) Residence: No. Queen Anne, Queen Anne Co. Md. St. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) January 16 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer Grain Dealer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farm & Community

10. Date deceased last worked at this occupation (month and year) March 1939

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Queen Anne (State or country) Queen Anne Co Md

FATHER

13. NAME Nathan Flowers

14. BIRTHPLACE (city or town) (State or country) Caroline Co Md

MOTHER

15. MAIDEN NAME Rebecca Wheeler

16. BIRTHPLACE (city or town) (State or country) Caroline Co Md

17. INFORMANT H. P. Flowers Bro (Address) Queen Anne Md

18. BURIAL, CREMATION, OR REMOVAL Place Hillsboro Date Feby 13, 1940

19. UNDERTAKER Barton Bros (Address) Centreville, Md

20. FILED 2/12, 1940. J. L. Gardner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 11 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from December 6, 1939, to February 11, 1940

I last saw him alive on February 11, 1940; death is said to have occurred on the date stated above, at 9:30 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Cerebral Degeneration	2 yrs
Hemiphlegia rt	2 yrs
Arteriosclerosis	years

Other Contributory Causes of Importance:

Name of operation none Date of —

What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. Fifer M. D.

(Address) Ridgely, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
MAR 2 1928
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

This man was known and ~~did~~ operated business under the name of Harry C. Flowers. This certificate gives the name Henry C. Flowers according to the family Bible record J.H.T.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

02232

Reg. Dist. No. 254

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Queen Anne's
City or town Grasonville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State — County —
City or town — Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Gibbs

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	Wh	Single

8 (b) Name of husband or wife —
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 1 1940

8. AGE: Years | Months | Days | If less than one day — hrs. — min.

9. Birthplace Grasonville Md (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name James Olin Gibbs
13. Birthplace Md.

MOTHER
14. Maiden name Irene Cornelius Dean
15. Birthplace Md.

18. Informant James O. Gibbs.
Address Grasonville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 1 1940 (month) (day) (year)
Cemetery or crematory At home
Location Grasonville Md.

18. Funeral director None
Address "

19. Feb. 1 1940 (Date rec'd by registrar) — Helen M. Aldridge for Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1940, at 4:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 —, to — 19 —, and that I last saw h — alive on — 19 —

Immediate cause of death	DURATION
Still born	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE Chas E Snyder M. D. or other
Address Grasonville Md Date signed 7/1/40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02233

Reg. Dist. No. 252

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Queen Anne's
City or town: Centreville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): all life -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne's
City or town: Centreville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME: Arthur Handy

3. (b) Social Security Number: None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan 21 - 1892

8. AGE:

Years	Months	Days	If less than one day
48		18	hrs. min.

9. Birthplace: Centreville Queen Anne Co. Md
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Mostly housework
FATHER 12. Name: Samuel Handy
13. Birthplace: Centreville, Md
MOTHER 14. Maiden name: Louisa Reed
15. Birthplace: Wilmington, Delaware
16. Informant: Louisa Thompson
Address: Centreville, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feby 12-40 (month) (day) (year)
Cemetery or ~~crematory~~: Chesterfield
Location: Centreville, Md.
18. Funeral director: Barton Bros
Address: Centreville, Md -
19. Feb. 12 1940 (Date rec'd by registrar) Manning S. Bright Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb - 9 - 1940, at 0 9 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on Feb 1 - 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: W. Henry Fraker M. D. or other

Address: Centreville Md — Date signed: 2/12-40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(133a)

CERTIFICATE OF DEATH

02234

Reg. Dist. No. 254

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Queen Anne
City or town: Queenstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 1 year.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Kent
City or town: Kennedyville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Annie M Hurlock

3. (b) Social Security Number: None

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Wm S. Hurlock
6 (c) If alive, give age: 81 years
7. Birth date of deceased (mo., day, yr.): Oct. 13 - 1858
8. AGE: Years: 81 Months: 4 Days: 1 If less than one day: hrs. min.
9. Birthplace: Kennedyville - Kent Co. - Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: at home
FATHER 12. Name: Wm Archibald
FATHER 13. Birthplace: Kent Co. - Maryland
MOTHER 14. Maiden name: Mary Mc. Mullen
MOTHER 15. Birthplace: Kent Co. - Maryland
16. Informant: Norman R. Stitch
Address: Queenstown. Md.
17. (Burial, cremation, or removal. Which?) Burial Date thereof: Feb. 18-1940 (month) (day) (year)
Cemetery or crematory: Chestertown
Location: Chestertown - Kent Co. - Md.
18. Funeral director: Usilton Funeral Tadoid
Address: Chestertown - Md.
19. (Date rec'd by registrar) Feb. 14 1940 - Helen M. Aldridge Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 14th 1940, at 5.10 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to Feb 14 1940, and that I last saw h-er alive on Feb 13 1940.

Immediate cause of death: Pyelitis — DURATION: 1 wk
Due to: acute diffuse Nephritis — 1 Month
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Samuel J. Price M.D.
M. D. or other
Address: Queenstown — Date signed: 2/14/40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (928)

02235

CERTIFICATE OF DEATH

Reg. Dist. No. 253

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Queen Anne
City or town Chester
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Queen Anne
City or town Chester Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Hynson

3. (b) Social Security Number none

4. Sex: Male
5. Color or race: Black
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Maggie Hynson
6 (c) If alive, give age: Alive Do not know years
7. Birth date of deceased (mo., day, yr.): Do not know
8. AGE: Years: about 68 Months: year Days: — If less than one day: hrs. min.
9. Birthplace: D. A. Co. Md (Town, county, and state)
10. Usual occupation: Farm Laborer
11. Industry or business
FATHER 12. Name: Unknown
13. Birthplace: " "
MOTHER 14. Maiden name: " "
15. Birthplace: " "
16. Informant: Maggie Hynson
Address: Chester. Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 14 1940 (month) (day) (year)
Cemetery or crematory: Chester. Md.
Location: Chester
18. Funeral director: F. C. Thomas
Address: Stevensville Md.
19. Feb 13 1940 (Date rec'd by registrar) F. C. Thomas Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 13 1940 at 9a M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 16 1940 to Feb 13 1940 and that I last saw him alive on Feb 12 1940

Immediate cause of death	DURATION
Mitral Incompetency	8 mos.
Due to	
Due to	
Other conditions: Hypertension	2yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. Chas E. Snyder M. D. or other
Address Stevensville Date signed 2/14/40

RECEIVED
MAR 5 1900
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

02236

CERTIFICATE OF DEATH

Reg. Dist. No. 255

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Queen Anne

City or town Millington Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 to 60 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne

City or town Millington R. F. D. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Thomas Pinion

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Belena Pinion

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Not known

8. AGE: Years 80 (about) | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace Not known (Town, county, and state)

10. Usual occupation Farm Hand

11. Industry or business Farm

FATHER 12. Name Not known

13. Birthplace "

MOTHER 14. Maiden name "

15. Birthplace "

16. Informant Agnes Boltonley

Address Millington Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 27 1940 (month) (day) (year)

Cemetery or crematory Double Creek Church Yard

Location Millington Md. R. F. D.

18. Funeral director W. H. Good

Address Church Hill Md.

19. 3/1/ 1940 (Date rec'd by registrar) F. M. Stack Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24th 1940, at 4 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 24th 1940 to Feb. 25th 1940, and that I last saw him alive on Feb 24th 1940.

	DURATION
Immediate cause of death Pulmonary Stenosis	
Due to Arterio Sclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. E. Copeland M. D. or other

Address Queenstown Date signed Feb 25th 40

RECEIVED
MAR 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02237

117-a

1. PLACE OF DEATH

County Queen Anne's Registration Dist. No. 254

Village or City Grasonville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where daath occurred 50 yrs. mos. 25 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Edw. Quinn If U. S. Veteran, specify WAR

(a) Residence: No. Grasonville St. Social Security Number 220-01-6320

(Usual place of abode) If nonresident, give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Elizabeth Starkey

6. DATE OF BIRTH (month, day, and yaar) Jan 12 1890

7. AGE Years	Months	Deys	If LESS than 1 day, hrs. or min.
50		25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Mechanic

9. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc. Filling Station

10. Date deceasad last worked at this occupation (month and year)

11. Totai tima (years) spent in this occupation

12. BIRTHPLACE (city or town) Stevensville (State or country) Queen Anne Co. Md

FATHER

13. NAME Wm Lawrence Quinn

14. BIRTHPLACE (city or town) Stevensville (Stata or country) Queen Anne Co. Md

MOTHER

15. MAIDEN NAME Emily Benton

16. BIRTHPLACE (city or town) Stevensville (Stete or country) Queen Anne Co. Md

17. INFORMANT Wm Lawrence Quinn (Address) Stevensville Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Stevensville Date Feby 18, 1940

19. UNDERTAKER Barton Bros (Address) Centreville Md

20. FILED Feb. 18, 1940 Helen M. Addison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 16 (Day) 1940 (Yaar)

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1940, to July 16, 1940

I last saw h[illegible] alive on July 15, 1940; death is said to hava occurred on the data steted above, at 12 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:

	Date of onset
Perforated gastric ulcer	
Other Contributory Causes of importanca:	
Hypertension	

Neme of operation Date of

What tast confirmed diagnosis? Wes thera an autopsy? No

23. If death was due to externel causes (VIOLENCE) fill in also tha following:

Accident, suicide, or homicide? Dele of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Natura of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. E. Snyder M. D.

(Address) Stevensville

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
MAR 5 1928
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-2)

CERTIFICATE OF DEATH

Fisher 02238

Reg. Dist. No. 252

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Queen Anne
City or town: Burrisville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne
City or town: Burrisville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Rural
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Elizabeth H Rothwell

3. (b) Social Security Number:

4. Sex: Female
5. Color or race: W
6. (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Arthur B Rothwell deceased
6(c) If alive, give age: ____ years
7. Birth date of deceased (mo., day, yr.): June 16 1865
8. AGE: Years: 84 Months: m Days: 26 If less than one day: ____ hrs. ____ min.
9. Birthplace: Ashby Essex England (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Teacher.
FATHER 12. Name: Peter Cowell.
FATHER 13. Birthplace: England.
MOTHER 14. Maiden name: Elizabeth Giblin.
MOTHER 15. Birthplace: England.
16. Informant: Nellie Rothwell.
Address: Centreville, Md R.F.D.
17. Buried (Burial, cremation, or removal. Which?) Date thereof: Feb 16-1940 (month) (day) (year)
Cemetery or crematory: Chesterfield
Location: Centreville, Md.
18. Funeral director: B.R. Fellows
Address: Still Pond, Md.
19. Feb. 13 1940 (Date rec'd by registrar) Mamie E. Bright Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 12 1940, at 12 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1 1935, to Feb 12 1940 and that I last saw h alive on Feb 12. 1940

Immediate cause of death	DURATION
Chronic Interstitial Nephritis	5 yr.
Due to	
Due to	
Other conditions: Heart Complication	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: no Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: W. Henry Fisher M. D. or other
Address: Centreville Md Date signed: 2/13/40

RECEIVED
MAR 8 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02239

1. PLACE OF DEATH (131-a)

County Queen Anne Registration Dist. No. 252

Village or City Centreville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Irene Alanna Straughn If U. S. Veteran, specify WAR

(a) Residence: No. ___ St., Ward. S. S. no. — None.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Nov. 25 - 1875

7. AGE: Years 64 | Months 3 | Days 13 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Merchant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Retail Millinery

10. Date deceased last worked at this occupation (month and year): Mar. 1940

11. Total time (years) spent in this occupation: 20 yrs

12. BIRTHPLACE (city or town) (State or country): Centreville Md.

FATHER

13. NAME: Jas. Henry Straughn

14. BIRTHPLACE (city or town) (State or country): Queen Anne Co Md.

MOTHER

15. MAIDEN NAME: Laura M. Simmons

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT (Address): Bishop Jas. H. Straughn Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Centreville, Md Date: Feb. 9, 1940

19. UNDERTAKER (Address): B. R. Fellows Still Pond, Md.

20. FILED: Feb. 8, 1940 Mamie S. Bright Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. (Month) 7 (Day) — 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1940, to Feb 7, 1940

I last saw her alive on Feb 7, 1940; death is said to have occurred on the date stated above, at 1 40 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute pulmonary Oedema	1 hour
Hypertensive Cardio Vascular	[illegible]
Renal disease	

Other Contributory Causes of Importance:

Name of operation: no Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. K. Layton M. D.

(Address) Centreville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

02240

CERTIFICATE OF DEATH

Reg. Dist. No. 255

1. PLACE OF DEATH:

County: Q. A.

City or town: Crumpton (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 1 yr

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: County:

City or town: Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Calvin H. Taylor

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	M

6 (b) Name of husband or wife: Effie Taylor

6(c) If alive, give age: 21+ years

7. Birth date of deceased (mo., day, yr.): Oct 27 1860

8. AGE:

Years	Months	Days	If less than one day
79	4	22	hrs. min.

9. Birthplace: Del. (Town, county, and state)

10. Usual occupation: Janitor for School

11. Industry or business

FATHER
12. Name: Reese Taylor
13. Birthplace: Del.

MOTHER
14. Maiden name: Annie Jackson
15. Birthplace: Del

16. Informant: Effie Taylor

Address: Crumpton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 21 1940 (month) (day) (year)

Cemetery or crematory: Middletown Del

Location: " "

18. Funeral director: Wm H. Good

Address: Church Hill Md

19. 2/22/40 (Date rec'd by registrar) F. M. Stack Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 18 1940, at 1145 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1937, to Feb 18 1940, and that I last saw him alive on Feb 18 1940.

Immediate cause of death: Cerebral Hemorrhage — DURATION: 3 hrs

Due to: Cerebral Arterial Sclerosis

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: no Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work? —

23. SIGNATURE: C H Metcalfe M. D. or other

Address: Ludlowville Md Date signed: 2/20/40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46f)

02241

CERTIFICATE OF DEATH

Reg. Dist. No. 255

1. PLACE OF DEATH:

County Queen Anne

City or town Rural — near Millington
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State _____ County _____

City or town _____ Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)

Street No. _____
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME Joseph Walls

3. (b) Social Security Number NONE

4. Sex: Male

5. Color or race: White

6. (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband or wife Evelyn L. Walls

6(c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) 6-2-1875

8. AGE: Years 64 | Months 8 | Days 11 | If less than one day ____ hrs. ____ min.

9. Birthplace Crumpton Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business —

FATHER
12. Name Joe Walls
13. Birthplace Maryland

MOTHER
14. Maiden name Emily Clough
15. Birthplace Maryland

16. Informant Mrs Evelyn Walls — Wife
Address near Millington Md

17. Burial
(Burial, ~~cremation, or removal~~. Which?) Date thereof Feb 16 1940 (month) (day) (year)

Cemetery or crematory Hanley Church yard

Location Hanley Delaware

18. Funeral director Ralph H. Usilton Inc
Address by J. Willis Wells Chestertown, Md

19. Feb 16 1940 F M Staples
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-13 1940, at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 10 1938, to 2-13 1940, and that I last saw him alive on 2-13 1940.

Immediate cause of death Cancer of liver

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J W Starck M. D. or other

Address Crumpton Md Date signed _____

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 8 1940
BUREAU V. S.

02242

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92-C

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County: Queen Anne

City or town: near Price Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Queen Anne

City or town: Rural near Price Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: John Williams

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: married

8 (b) Name of husband or wife: Emma Williams

6(c) If alive, give age: 40 years

7. Birth date of deceased (mo., day, yr.): 1871

8. AGE: Years: 69 Months: Days: If less than one day: hrs. min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual occupation: Farm laborer

11. Industry or business

FATHER

12. Name: unknown

13. Birthplace: Virginia

MOTHER

14. Maiden name: unknown

15. Birthplace: Virginia

16. Informant: Walter Williams

Address: near Price

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 5, 1940 (month) (day) (year)

Cemetery or crematory: Barclay Cem.

Location: Barclay Md.

18. Funeral director: Wm. H. Good

Address: Church Hill Md.

19. Feb. 4 1940 (Date rec'd by registrar) W. H. Good Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feby Md 1940, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feby 1 1940, to Feby Md 1940, and that I last saw him alive on Feby 11 1940.

Immediate cause of death: Mitral Heart Lesion — DURATION: 6 Mo

Due to: Acute Rheumatism — 8 Mo

Due to:

Other conditions: Acute Influenza — 6 Day

(Include pregnancy within 3 months of death)

Major findings: ✓

Of operations: ✓

Of autopsy: ✓

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ✓ Date of

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) None

Means of injury None Injured at work? None

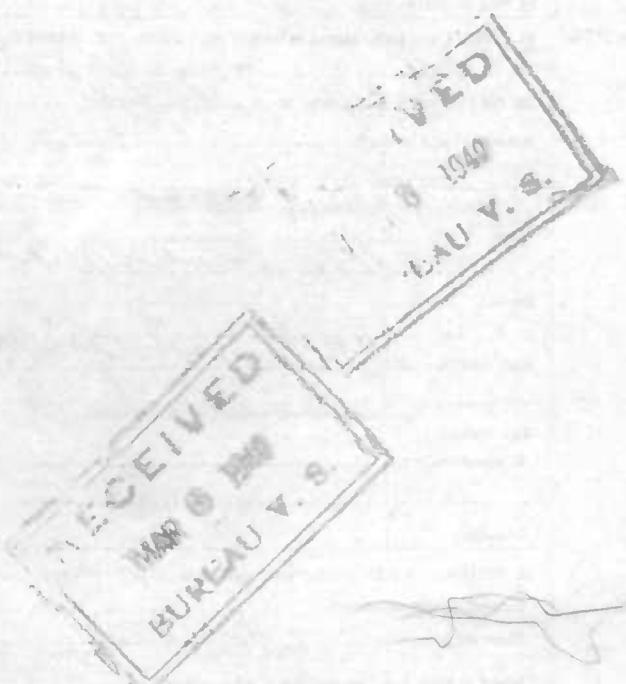
23. SIGNATURE: Norman S. Dudley M. D. or other

Address: Church Hill Date signed: Feby Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15


RECEIVED
BUREAU V. S.

02243

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (166)

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:
County: Queen Anne
City or town: Centreville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 3 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne
City or town: Centreville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Catherine Wilson

3. (b) Social Security Number: ✓

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Black	Single

6 (b) Name of husband or wife
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Jan 10 - 1918

8. AGE:

Years	Months	Days	If less than one day
22	1	15	hrs. min.

9. Birthplace: Starr Md (Town, county, and state)
10. Usual occupation: Housework
11. Industry or business
FATHER
12. Name: Chas. A. Wilson
13. Birthplace: Starr Md
MOTHER
14. Maiden name: Louise Royal
15. Birthplace: Nr Centreville
16. Informant: Louise Handy
Address: Centreville Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory: Chesterfield
Location: Centreville
18. Funeral director: Barton Bros
Address: Centreville Md
19. Feb. 27 1940 (Date rec'd by registrar) Mamie S. Bright Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 24 1940, at 1 p.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death: Haemorrhage intra abdominalis
Due to: Bullet wound. 32 Calibr.
Due to
Other conditions: Bullet wound neck.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: homicide Date of 2/24/40
Where did injury occur: Centreville (City or town) Qa (County) Md (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Bullet 32 Cal. Injured at work?

23. SIGNATURE: Samuel White MD M. D. or other
Deputy Med Examiner
Address: Queenstown Date signed 2/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.